PROGRAM MANAGEMENT

FY 2001 Performance Plan, Revised Final FY 2000 Plan and FY 1999 Performance Plan

2.33 Program Title: Program Management

Performance Goals	Targets	Actual Performance	Refer-ence
IV. IMPROVE PUBLIC HEALTH AND HEALTH CARE SYSTEMS **A. Improve Information Development and Dissemination** 1. Financial Statements: Obtain a clean audit opinion for HRSA.	FY 01: Clean opinion FY 00: Clean opinion FY 99: Clean opinion	FY 01: Report 3/02 FY 00: Report 3/01 FY 99: Report 3/00 FY 98: 4 material weaknesses; 10 reportable conditions	B241
2. Information Technology Management: Improve Accessibility to the HRSA Data Warehouse.	FY 01: 100 users FY 00: 60	FY 01: FY 00: FY 99: 10 FY 98: 10 users	B241
C. Promote Systems and Infrastructure Development 1. Assure that all HRSA Systems are Year 2000 compliant.	FY 01: NA FY 00: 14 FY 99: 18	FY 01: FY 00: FY 99: 14 systems FY 98: 15 systems	B241
2. Information Technology Management: Ensure Critical Infrastructure Protection. (Developmental)	FY 01: Developmental	FY 01: FY 00: FY 99:	B241

Performance Goals	Targets	Actual Performance	Refer-ence
Total Funding: Program Management ($ in 000's)	FY 2001:$124,353 FY 2000: 124,766 FY 1999: 118,712 FY 1998: 114,059	B x: page # budget HP: Healthy People goal	

2.33.1 Program Description, Context and Summary of Performance

The Health Resources and Services Administration Program Management activity is the primary support mechanism for the Agency that provides national leadership in health care and public health by assuring quality health care to underserved and vulnerable populations and promoting primary care education and practice. Program Management supports staff to plan, direct, administer, and provide technical assistance and program guidance to clients of most of the Agency's programs. Specifically addressed are preparation of financial statements, information management and employee development.

Preparation of Financial Statements: The management of the Health Resources and Services Administration is responsible for complying with laws and regulations applicable to HRSA. Among these are the provisions of the Chief Financial Officers Act which mandate that the Department prepare an annual accountability report on its performance and financial integrity. The basis for the HRSA accountability report is an annual audit of the Agency's financial status by a commercial public accounting firm. The *HRSA Chief Financial Officer's Annual Report* is prepared for submission by March 1 of each year for the previous fiscal year by the Division of Financial Management, Office of Management and Program Support with the assistance of the Division of Financial Operations, Program Support Center which provides accounting services to HRSA.

Information Technology Management: (1) provides advice and assistance to the Administrator and other senior management personnel to ensure that information technology is acquired and information resources are managed in a manner that implements the policies and procedures of the Clinger-Cohen Act and the priorities established by the Secretary; (2) develops, maintains, and facilitates the implementation of a sound and integrated information technology architecture for the agency; and (3) promotes the effective and efficient design and operation of all major information resources management processes for the agency, including improvements to work processes of the agency.

Quality of Work Life (QWL) Initiative: HRSA's plan is divided into three (3) sections: Employee

Development; Employee Health and Fitness; Workplace Improvement. To implement the plan, HRSA has appointed a 23-member QWL Implementation Team, with representation from headquarters and the field. The work of the Implementation Team is conducted within 3 sub-groups, which focus on the 3 subject areas. A major focus is on increasing investment in workplace learning. Through the HRSA Career Resources Center, employees have access to workshops, printed materials and computer programs which increase their participation in workplace learning. The CRC staff is continuing to develop workshops to address the issues identified in the Training Needs Assessment, including leadership, coaching, time management, and mentoring. Through a contract with Loyola College, HRSA gives employees the opportunity to participate in classroom instruction designed to enhance their job skills and knowledge. HRSA is also offering a number of special opportunities across the Agency including Master of Business Administration (MBA) programs and women's leadership programs.

2.33.2 Goal-by Goal Presentation of Performance

Goal IV.A.1: Financial Statements: Obtain a clean audit opinion for HRSA.

Context:

During FY 2001, the Health Resources and Services Administration (HRSA) plans to obtain a clean audit opinion consistent with the objectives of the Department of Health and Human Services and the President and in accordance with the Chief Financial Officers Act. The annual audit helps ensure the integrity of the Agency's financial systems and the reliability of the financial data provided to HRSA by the Program Support Center (PSC). HRSA continues to be committed to providing accurate, comprehensive information for Federal policy and program decisions.

As with any business or government enterprise, delivery of an audit report which is timely and complete is a crucial part of the management information system and an important tool for the direction and implementation of programs. Achievement of a clean audit opinion indicates that the Agency and its accounting service provider (the PSC) have attained a high level of accuracy and reportability in financial records and controls. This achievement provides a solid, rational basis for policy and budget decisions by the Executive Branch and the Congress. Financial Management data is provided by the Division of Financial Management

Performance:

Baseline: The full, independent audit of HRSA for fiscal year (FY) 1998 was conducted by Clifton Gunderson L.L.C., Certified Public Accountants and Consultants under contract to the Office of the Inspector General. The auditors reported no qualifications to their audit opinion, 4 material

weaknesses, and 10 reportable conditions. All of the material weaknesses and most of the reportable conditions were related to the systems and processes the PSC utilizes in providing accounting services to HRSA.

Actual: the FY 1999 audit was initiated with an audit entrance conference on June 2, 1999. Audit activities commence later in June and proceed to preliminary findings in December 1999. The *HRSA Chief Financial Officer's Annual Report* for FY 1999 will be submitted by March 2000 for incorporation in the *DHHS Accountability Report: Fiscal Year 1999.*

During the course of the FY 1999 audit HRSA worked closely with the PSC to improve, enhance and correct those accounting, data and procedural elements which led to material weaknesses and reportable conditions in previous audits. One adjustment has been to stagger the scheduling of the HRSA audit from the audits of other OPDIVs provided accounting services by the PSC in order to assure that both the PSC financial operations staff and the auditors have sufficient time and human resources to throughly investigate and examine all relevant data and accounts. HRSA tracks the progress of the audit through the assignment of a Division of Financial Management staff member to provide oversight in frequent scheduled and *ad hoc* meetings and reviews.

Planned: The Secretary has declared the achievement of an unqualified audit as an objective for the Department consistent with goals expressed by the President and the Office of Management and Budget. This similar performance objective of HRSA is supportive of the Secretary's intent and will provide management and policy officials with accurate, comprehensive information on which to base funding and operating decisions. The objective will also lead to improvements in HRSA's accounting and other financial systems and to improvements in the quality of such services provided to the Agency by the PSC.

Information Technology:

GOAL IV.A.2: Information Technology Management*: Improve Accessibility to the HRSA Data Warehouse

During FY 2001, HRSA plans to establish agency-wide, desktop-access to the Data Warehouse. The Data Warehouse includes valuable information obtained from HRSA grant programs, U.S. Census Bureau, and other health-related and statistical data (such as the American Medical Association, American Association of Nursing, etc.). Access is defined to include the entire staff of HRSA employees that are required to perform data manipulations and have been granted the appropriate data access rights. The mechanism for providing access to the Data Warehouse will likely be the internet or intranet.

The Data Warehouse supplies an agency-wide information architecture that integrates program data into a warehouse structure. "Data warehousing" is defined as an essential set of enabling information systems through which to achieve key business objectives.

By eliminating duplicate data collection and validation efforts among individual offices, divisions, and bureaus, the centralized Data Warehouse has provided a cost-effective, value-added contribution to the HRSA enterprise. The Data Warehouse will work better and cost less if HRSA employees collaborate effectively and share information. The broader the scope of information sharing, the greater the benefits will be.

Improve Accessibility to the HRSA Data Warehouse				
Measure	**Type**	**Baseline FY'99**	**Planned (FY'00)**	**Planned (FY'01)**
Universal access to the Data Warehouse for HRSA employees	Process	10 users	60 users	100 users Full utilization of identified HRSA employees (i.e., those staff granted authority to access the data)

GOAL IV.C.1: Assure that all HRSA Systems are Year 2000 compliant.

Context:

HRSA realizes that it must ensure the availability of the services it provides by putting in place an operating infrastructure that adequately facilitates its mission and that remains operational in the event of unexpected catastrophes. One threat to the IT installations is the Year 2000-induced failures that could interrupt the operations of mission-critical systems and core business processes.

HRSA has completed Independent Validation and Verification (IV&V) testing of five mission critical systems: Organ Procurement Transplantation Program, BCHDAnet, National Practitioner Data Bank, Health Education Assistance Loan Program, and the Grants Electronic Management System. Additionally, HRSA developed business continuity and contingency plans and Day One response plans to ensure that the core business processes and mission critical systems remained operational on January 2, 2000.

Additionally, HRSA completed the testing of all web servers, network servers, and Local Area Networks (LANs). Servers that were found to be non-compliant with Y2K standards were replaced or appropriately repaired. Other shared resources such as power, communications, infrastructure, and facility equipment (elevators, HVAC, etc.) are the primary responsibility of the Program Support Center (PSC).

Performance:

Overall, HRSA systems performed properly after December 31, 1999.

FY 99: 18 systems* (For FY 99, a more current estimate is 14)

FY 00: 18 systems* (Revised to 14)

FY 01: NA

* Revisions:

	FY 1998	**FY 1999**	**FY 2000 Planned**
Mission Critical Systems that are Compliant	3	5	5
Non-Mission Critical Systems that are Compliant	12	*9**	9
Total Compliant Systems	15	14	14
	In FY'99, several non-mission critical systems were retired and are not included in the above FY'99 reporting		

GOAL IV.C.2: Information Technology Management*:* **Ensure Critical Infrastructure Protection (Developmental)**

Context:

As a result of advances in information technology, HRSA has grown increasingly reliant upon critical infrastructures and cyber-based information systems. The growing dependency on web-based information exchange and enterprise applications results in the exposure of critical HRSA infrastructures to new vulnerabilities. By Fiscal Year 2001, the Office of Information Technology (OIT) plans to reduce the vulnerability of critical HRSA infrastructures by conducting periodic penetration testing and vulnerability scanning of specific systems, establish incident detection requirements and reporting procedures, conduct security awareness and training programs for IT

professionals, senior management, and end-users, and deploy intrusion detection systems.

Ensure Critical Infrastructure Protection		
Measure	**Baseline**	**Planned** **FY'01**
Reduce the number of security violations that create a major risk to the HRSA technical infrastructure	TBD	Ten percent (10%) reduction (from the previous year) in the number of major security violations to the HRSA infrastructure